Recognising and managing mental health issues at work

The rationale for training and evidence of effectiveness

A paper by Andrew Buckley

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Introduction

This paper develops some of the rationale for the effectiveness of training employees in the recognition and management of mental health issues and then explores available evidence in this area.

This is not an academic paper, although references and further reading are provided to facilitate a more detailed exploration of the issues if required.

The training approach discussed is that developed by Andrew Buckley, and colleagues, of Kipepeo. Kipepeo is a consultancy firm that offers training and consultancy to help organisations manage the mental well being of employees. This approach is primarily aimed at the non-specialist manager both the line and support, such as HR. The focus of the training is on deciding what to do in a workplace setting rather than any attempt to decide what is wrong with the employee showing signs of dis-stress. No prior knowledge is needed of mental health issues.

The issues arising from the mental health needs of employees is a topic that has only come to the forefront of thinking over relatively recent years. The knowledge base is continually growing. It is the intention of the author that this document will be periodically updated. This revision was completed in May 2007.

Background

The cost to the nation of mental ill health has become increasingly well documented. The sum of many billions of pounds is quoted. For organisations, large and small, the costs include absenteeism, long-term sickness, early retirement, recruitment and the less tangible, or readily measurable, costs of loss of productivity, poor decision-making and mistakes.

Thomas and Secker suggest a three-pronged approach to helping organisations reduce the costs of mental ill health at work and, at the same time, benefit the individuals struggling with issues (Grove, Secker and Seebohm 2005: 123).

1. Primary prevention – focuses on creating a healthy workplace and includes stress reduction and awareness.
2. Secondary prevention – primarily about job retention and includes early recognition of problems and prompt action. Key to this is the ability of managers to recognise and manage possible problems as they arise.
3. Tertiary prevention – manages those employees who have become ill and, usually, need the services of the health professional. Return to work, either in the employees' previous role or in new employment, and employment placements, sit here.

The training interventions, developed by Andrew Buckley and colleagues at Kipepeo, have a primary focus on secondary prevention with overlap to both primary prevention and tertiary prevention.

Benefits of training in the recognition and management of mental health issues in the workplace

The benefits that may result from training in the recognition and management of mental health issues in organisations sit in four categories:

Outline of potential benefits;

1. Benefits to the organisation as a whole
   - Reducing sickness absence

Helping people gain a realistic understanding of mental health issues benefits everyone:

- Those suffering
- Friends, family and colleagues
- Employers
- Health professionals
- Society at large

- Reducing retirement/redundancy on medical grounds
- Improving and maintaining productivity
- Overall increase in staff well being resulting in a more healthy and effective workforce

2 Benefits to the team;

It is at the team level that the effects of mental health problems are seen on a day-to-day basis. By helping managers and supervisors take a more active role in the recognition and appropriate management of emerging issues the team will benefit by:

- Accepting and compensating for the normal emotional ups and downs of individuals
- Knowing how to approach an employee appropriately to offer early help and accommodate with minor adjustments
- Understanding how to facilitate a referral to specialist support (in house or external
- Supporting the rest of the team and creating a sense of caring for the well being of all staff

3 Benefits to the individual;

- Early intervention, which increases the likelihood of a speedy return to normal
- Early intervention, which facilitates the involvement of the clinician at an early date
- A sense of being cared for and understood
- A reduction in feelings associated with possible stigma and the fear of talking about issues

4 Wider benefits;

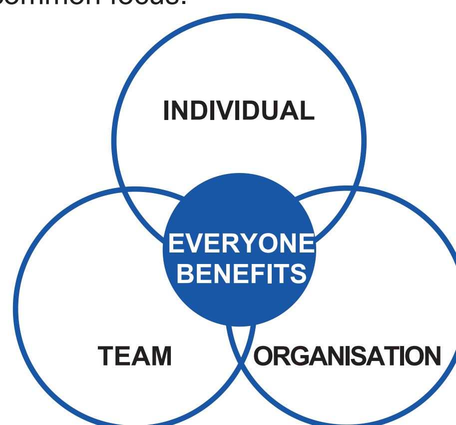
Changes in perception of mental health within the culture of an individual organisation with benefits of;

- Increased diversity in recruitment practice – it can be beneficial to employ someone with a history of mental health problems
- Changes in the relationship with psychological issues results in a more balanced and reasonable response to emotional issues at work, including work related stress, personal life issues etc.
- An acceptance of the normality of life's ups and downs (even when the "down" is very down) allows for a balanced response that meets everyone's needs, those of the organisation, team members and colleagues, and the individual

Taking a wider focus with training, incorporating the needs of the individual, their colleagues and the organisation as a whole, leads to a wide range of benefits that is not solely limited to helping a sufferer return to normal functioning, the most common focus.

Most commonly, training focuses on helping the person suffering.

A wider focus gives much greater benefit.



Focusing training on all three areas leads to wide benefits, including benefits to society as a whole

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Training can, broadly speaking, be approached by focusing on the medical model of illness definitions or by taking a less formal psychosocial approach. A brief summary of these two approaches follows.

Medical terminology is best left to the clinician and to be avoided in general work conversations.

The Medical Model

The medical model, or bio-medical model, of mental illness promotes the view that problems are an illness similar to any physical problem. At the core of the medical model are definitions and categories of disorders that can be used to link an individual with a named disorder. This is exemplified by the DSM IV (Diagnostic and statistical manual of mental disorders, fourth revision, American Psychiatric Association 1994) and ICD 10 (World Health Organization 1994) with lengthy and complex lists of diagnostic criteria. This model of mental illness helps the clinician categorise and then choose treatment for patients who present with symptoms.

The medical model fits most closely those patients whose symptoms are clear and unequivocal. Normally this is the more seriously affected individual, so the medical model fits best in those people seen by a psychiatrist, or other clinician, in secondary mental health care. There is an argument that says that the place for the rigid and detailed classification is best left for the use of researchers who need the clarity offered to aid the investigation of mental illness. General practitioner, Dr. Carole Buckley suggests “for practical and clinical purposes it is often most useful to use a descriptive approach and leave the formal classifications for research purposes (Buckley and Buckley, 2006: 183).

The validity of the medical model decreases the further away that one goes from the medical treatment of the more severely affected individuals.

The Social Model

Mental health and mental illness are a continuum and are not discrete haves or have not.

The social model of mental illness, sometimes called the bio-psycho-social model, emphasises a continuum of behaviours from “normal” through to “abnormal” (i.e. the mentally ill) and links the individual’s place in society with their physiology and individual psychology. The interplay of behaviours, feelings and changes in physiology, leads to dis-stress for the individual and, potentially, difficulties for those around him or her.

The often complex relationship between those that subscribe to the medical model and those that do not, both within the medical profession and outside, is a subject in itself. There are those who take an anti-psychiatric view of mental illness. Szasz, Glasser and Lynch, amongst others, take the view that mental illness does not exist (Szasz 1974, Glasser 2003 and Lynch 2001). There is some validity in this to the extent that mental illnesses are both social constructs (Snyder and Lopez 2005: 15) and inventions to meet the needs of diagnosis, even with modern methods of examining brain function there are few objective tests available for the clinician.

Every human being has a view of mental illness, not just the “experts” working in the field. Often pejorative terms start to be used in the playground, films, TV, and the media all impact on the view that employees take of what mental health and mental illness means to them.

The rare but horrific instances of murder being committed by a “so called” paranoid schizophrenic and reported instances of successful suicide by a worker “who had everything to live for” further impact on the views that many hold of mental illness as a scary subject that is best avoided.

With such a complex territory providing an education programme that changes behaviour and benefits all is a challenge.

The government is calling for organisations to commit to providing training in mental health issues to employees and is providing support to achieve this.

Initiatives:
reduce sickness absence,
increase return to work and
reduce retirement on medical grounds.

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Approaches used in mental health awareness training

Training under the umbrella term mental health awareness is called for by many commentators to aid with the management of mental health issues in the workplace.

"Mental Health in the Workplace" (The Mental Health Foundation 1999) calls for specific training for personnel managers and health education for the workforce. The Action on Stigma campaign has both training and aiding an understanding of mental health issues as two of the five workplace commitments being promoted (Dept. of Health 2006). Feedback to SHiFT after the initial consultation for the Action on Stigma campaign has awareness training for employees as one of the requests for support.

Both the social model and the medical model of mental illness are used in mental health education programmes.

"How Can We Make Mental Health Education Work?" (Rethink 2004) describes the two primary models used to explain mental health issues and highlights the need for clarity of approach in any training.

Before signing up to any training initiative most people will want to have some faith that the approach used is likely to be effective. "Evidence based practice" is a phrase that has moved out of the medical world into other areas. When the evidence base is limited, as with mental health awareness training at work, care needs to be taken to look under the surface of headline results for the detail before deciding on a suitable strategy.

Evidence to support training in how to support employees with clear or possible mental health issues falls into two categories.

Business case evidence

Evidence of changes in perceptions and behaviour

The business case evidence;

An increasing number of primarily large organisations have the evidence that the costs of mental health support, wellness campaigns and protocols/strategies that underpin this, is giving real financial benefit, and helping achieve a variety of business objectives.

British Telecom, the Royal Mail Group and Astra Zeneca have all published the benefits they have found from their programmes.

An outline of the programme and the results of the British Telecom programme "Mental Health at Work – A Business Issue" was presented to delegates at some of the regional consultation days for the Action on Stigma programme. The results of their approach include a reduction in mental health sickness by 30%, 70% of long term absentees returning to their own job and medical retirement rate for mental illness down by 80%. These impressive results show clearly the business benefits of tackling the issues of mental health at work.

Central to their strategy are education (to dispel myths), concentrating on the common mental health problems and de-medicalising the issues. Mental health issues are kept mainstream and practical tools are provided for people and managers.

Central to the BT approach is the line manager and their ability to proactively support staff that show early signs of dis-stress.

Glaxo Smith Kline have a broadly similar programme across the company that has demonstrated similarly impressive business benefits. To them the successful inclusion of line management in the process of helping those employees with mental health issues is central to success.

Changes in perceptions and behaviours;

Other studies have focused on before and after measures of those being trained. They have looked for evidence that the training has had the desired benefit of changing the behaviour of the trainees.

Understanding how mental ill health affects people by listening to "the story" is an important message.

The Kent Mental Health Awareness in Action programme used an approach based upon social model principles although using medical language to acknowledge the "labels" given to different "types" of mental health problems (Rethink 2004 for a summary, Pinfold et al 2005 for the complete results). This study shows benefits in normalising, and hence reducing stigma, of mental illness. Two of the many points made are: firstly that "the story" as told by service users is important and secondly that developing the skills and confidence to work with people in distress is needed to have any lasting benefit.

Mental Health First Aid, a range of programmes developed in Australia, has completed a number of trials to assess the value of their work. This training takes a medical model approach, focusing on four primary categories of mental illness.

Mental Health First Aid training resulted in attendees becoming much better at recognising schizophrenia but no better at recognising depression.

A randomised control trial of a study of their training in a workplace setting headlines with the benefits of the programmes in improving the mental health literacy of attendees. One benefit, though, seems to have been a marked increase in the ability of attendees to recognise the more serious problem of schizophrenia, whilst the ability to recognise depression increased only slightly from a high base level. The combined figures, however, for the recognition of depression and schizophrenia, give an impressive result. The recognition of depression was already very high before the training and in the control group (Kitchener and Jorm, 2004).

It is worth mentioning that the approach taken by BT that has been influential in showing the business benefit of training and the training developed by Kipepeo focuses on non-medicalising the issues and emphasises the actions needed to help the majority of employees who present with the more minor mental health issues (from a medical perspective) that are prevalent in the workplace.

Training using a medical model approach reduced the ability of teachers to recognise signs of depression in their students.

A further study assessed the training of a group of Scottish teachers aimed at helping them recognise students who are suffering from depression. This training seems to have a medical model approach and reports using medical language as one key message "it is important to note that the model of depression taught in the educational package was based on psychiatric concepts". The headline results summary states "Systematic evaluation showed that training teachers with this package did not improve their ability to recognise their depressed pupils." (Moor et al 2007).

This training was very brief, 2 hours, and may point to the difficulty of balancing the need to give enough training and evidence to allow those attending to become familiar with the terms, concepts and wider issue when medical language is used.

A study by Lam and Salkovskis found that using the biological (medical) model of mental illness resulted in a significantly more pessimistic individual than those using a psychological explanation of the conditions of anxiety and depression (Lam and Salkovskis 2007).

There is a further pointer to some potential difficulties, or lost opportunities, when the medical model is used to underpin the training. In a study called "Beliefs about essences and the reality of mental disorders" there were significant differences in the beliefs of experts and non-experts around mental illness and this highlights the implications when trying to offer explanations of mental health conditions to the lay person (Ahn et al 2006).

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As yet there appears to be no specific research evidence published that explores the benefits, or not, of a non-medical approach to training. The available evidence of the benefits gained by businesses, though, seems clear that a non-medical approach has the potential to provide substantial benefits to the organisation and help those employees who are suffering.

Summary of benefits and evidence

- There is a clear business need to address the issues of employees with mental health problems.
- The ability of line management to actively and comfortably identify and take action when an employee shows the early signs of mental ill health is central to the organisational benefits.
- Early recognition is key to helping the individual suffering.
- A non-medical approach to training is central to the training offered as part of "business case" evidence.
- A medical approach to training shows benefit in some studies and no benefit in others.
- A medical approach to training has been shown to potentially complicate the issues and possibly place barriers in the way of people approaching mental health issues in a positive and helpful way.

An important message for organisations is that employees need to feel that it is as OK to struggle due to a mental health problem as it is a physical problem - and that, if they do their bit the employer will do their bit to support a swift recovery and return to normal functioning.

Kipepeo's approach

The overall philosophy of our approach to training is the message that mental health issues, psychological problems and mental illness are just a normal part of everyone's life. As with any illness or work related issue effective, early and appropriate interventions will benefit all, the organisation, the team and the individual.

A lack of understanding or an unnecessarily complicated approach can present barriers to effective management. The key is to allow everyone involved to be able to take a balanced approach to any emerging issue. Waiting for a crisis and then hoping that the Doctor or other specialist can solve the problem helps no one.

Every organisation, team and individual will be best served by a flexible and individual approach.

Summary of training options:

Awareness raising seminars

Management training

In-depth training

Team training

1. Awareness raising seminars. Brief seminars to raise the awareness of mental health issues at work and to enable those attending to understand that there are options that will benefit the organisation and the individual.
2. Half-day training. Ideal for all managers and supervisors who need to have straightforward guidelines on how to recognise possible problems, talk to the individual and manage the situation.
3. Full day training. A more in-depth training option for key personnel covering the recognition and management of mental health problems. Ideal for those managers with specialist responsibility such as HR who are more involved in case management and overall organisational benefit.
4. Team training - teams and work groups come together (not just managers) to learn how to recognise when a colleague is struggling and what to do. What to do to offer support and what to do when expert help is needed.

All the training options can be personalised to the needs of the individual organisation. Providing the training that meets the needs of the organisation, the culture, working environment and issues is vital to facilitating any long

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Training is:
- Simple
- Cost effective
- Focuses on what to do
- Is jargon free
- Looks at the business not just mental illness

Benefits:
- The employee
- Their colleagues
- The organisation

We are all influenced by mental health problems.
It is the responsibility of all to address the issues and help towards a solution and not to avoid, discriminate or stigmatise sufferers through fear, lack of knowledge or prejudice.

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term benefits for those individuals struggling and the wider needs of the organisation.

Train the trainer courses are in development and it is hoped to be able to provide an effective e-learning package in due course.

Course content; an overview of philosophy.

Whilst the ability of managers, and others, to take steps to help an employee showing signs that may indicate a mental health issues is important it is rarely central to management tasks. All managers will have more pressing business issues that remain the primary focus of their work.

- Training needs to be simple, cost effective and focused on benefiting all involved.
- Those issues called minor mental illnesses cover the vast majority of cases faced at work.
- Waiting for a crisis helps no one.
- Supporting staff through life's ups and downs is the responsibility of everyone, not just specialist or expert services.
- Illness definitions and medical terms are best left to the clinician involved in treatment.
- The use of medical terminology by the non-clinician is best avoided.
- Use of video case studies provides an understanding of the signs to be aware off and how to question.
- The focus is on "What to do?" not "What is wrong?"
- What to do? As a goal means that terminology, diagnostics and complex principles are avoided.
- Jargon free content and avoidance of medical terminology removes the potential issue of training managers to be "amateur psychologists".
- "What to do" ranges from just supporting an employee through to urgent referral to the medical profession.
- Keep it simple, straightforward and pragmatic.
- Take into account the needs of everyone before deciding what to do.

At Kipepeo we have developed a straightforward and memorable set of training interventions that have the goal of actively promoting the abilities of management to handle those times when an employee is struggling and to look for an outcome that benefits both the individual and the organisation.

Conclusions

Mental ill-health and mental illness affects everyone in one way or another. Supporting all members of society through life's ups and downs, whether this is a temporary or a more long lasting problem benefits the individual, their friends, family and colleagues, employers and the nation as a whole.

The workplace is an important focus for the majority of the adult population, so, investing in skills training for managers helps the organisation and the individual.

Organisations can see considerable rewards from supporting and managing mental health issues at work both to the effectiveness of the organisation and the benefit of the individual suffering.

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